MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12301

CERTIFICATE OF DEATH

(107-a)

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town St Inigoes rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or last. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near St Inigoes Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. State highway No 5

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Thompson Abell

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah D Abell

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1855

8. AGE:

Years	Months	Days	If less than one day
84	2	1	hrs. min.

9. Birthplace Pearson, St Marys, Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Richard M Abell

13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Sutton

15. Birthplace Md.

16. Informant Louis Abell

Address St Inigoes, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 25, 1939 (month) (day) (year)

Cemetery or crematory Trinity Cemetery

Location St Marys City, Md.

18. Funeral director E L Robertson

Address Dameron, Md

19. Dec 23 1939 (Date rec'd by registrar) A J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1939, at 11.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1936, to Dec 23 1939, and that I last saw him alive on Dec 22 1939.

	DURATION
Immediate cause of death: Hypostatic pneumonia	2 days
Bronchial pneumonia, cause	
Due to General arteriosclerosis	20 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE A J Bean MD M. D. or other

Address Great Mills Md Date signed 12/23/39

RECEIVED
JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12302

131

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 286

Village or City Hardy No. and St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Jenkins Hyden

(a) Residence: No. Hardy and St., Ward. Hayden

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Guinsette Hyden

6. DATE OF BIRTH (month, day, and year) 2-29-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 10-39

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Chapelico Md

FATHER

13. NAME Thomas Hyden

14. BIRTHPLACE (city or town) (State or country) Chapelico Md

MOTHER

15. MAIDEN NAME Catherine Morgan

16. BIRTHPLACE (city or town) (State or country) Chapelico Md

17. INFORMANT (Address) Rose Hyden Hardy Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Josephs Date 12-9-1939

19. UNDERTAKER (Address) Eugene Hall Dynard Md

20. FILED 12-8-1939 N. V. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-6-1939, to 12-7-1939

I last saw him alive on 12-6-1939; death is said to have occurred on the date stated above, at 2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	12-6-39
Sudden	
Chronic myocardial	

Other Contributory Causes of Importance:

Chronic interstitial nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) N. V. Palmer M. D.

(Address) Oraville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 4 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12303

(131)

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 286

Village or City Bushwood No. and St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Louis Jones

(a) Residence: No. Bushwood St., Ward. and

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Novella Jones

6. DATE OF BIRTH (month, day, and year): 3-26-1869

7. AGE: Years 70 Months 8 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Jan. 1936

11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (city or town) (State or country): Wilkes town and

FATHER

13. NAME: Shedrick Jones

14. BIRTHPLACE (city or town) (State or country): Wilkes town and

MOTHER

15. MAIDEN NAME: Julia Ernestine

16. BIRTHPLACE (city or town) (State or country): Wilkes town and

17. INFORMANT (Address): Augusta Marie Bushwood Center

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodland Date: 12-26-1939

19. UNDERTAKER (Address): Rose E. Weld Chapelgo Md

20. FILED 12-26-1939 N. V. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1939 to 12-24-1939

I last saw him alive on 12-23-1939 death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gangrene of left part, Chron. Myocarditis	12-10-39
Other Contributory Causes of importance: Chron. Interstitial nephritis	1937

Name of operation Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ruth A. Palmer M. D.

(Address) Avenue Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(J)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-a

12304

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Leonardtown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Ruth King

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Married

8 (b) Name of husband or wife Hayden King

6(c) If alive, give age Abt 27 years

7. Birth date of deceased (mo., day, yr.) Feb. 6th 1914

8. AGE: Years	Months	Days	If less than one day
25	10	21	hrs. min.

9. Birthplace Leonardtown, St. Mary Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Lynwood J. Sterling

13. Birthplace Cedar Church, Va.

MOTHER 14. Maiden name Ruth E. Camalier

15. Birthplace Leonardtown, Md

16. Informant Mrs. L. J. Sterling

Address Leonardtown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29/39 (month) (day) (year)

Cemetery or ~~crematory~~ St. Aloysius

Location Leonardtown Md

18. Funeral director Wm. C. Keating

Address Leonardtown, Md

19. 12/28 (Date rec'd by registrar) 1939 Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27th 1939, at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Dec 27 1939, and that I last saw h— alive on Dec 27 1939

Immediate cause of death	DURATION
Acute Dilatation of heart	
Due to Aortic Insufficiency	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Camalier M. D. or other

Address Leonardtown Date signed 12/29/39

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JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

CERTIFICATE OF DEATH

12305

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 5.0 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary B Langley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife George Langley

6(c) If alive, give age about 80 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 78	unknown		— hrs. — min.

9. Birthplace Mechanicsville St Marys, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Julian Burroughs

13. Birthplace Maryland

MOTHER 14. Maiden name Anne Davis

15. Birthplace Maryland

16. Informant George Langley

Address Great Mills, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 10 1939 (month) (day) (year)

Cemetery or crematory Holy Face Cemetery

Location Great Mills, Md

18. Funeral director Wm C Mattingley

Address Leonardtown, Md

19. Dec 8 1939 (Date rec'd by registrar) J J Bean Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1939, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1925 to Dec 7 1939, and that I last saw him alive on Dec 5 1939.

Immediate cause of death	DURATION
Coronary sclerosis	5 Years
Due to Arteria sclerosis (General)	10 Years
Due to Chronic nephritis	15 Years
Due to —	
Other conditions Senile mental deterioration	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J J Bean M.D.
M. D. or other

Address Great Mills, Md Date signed 12/8/39

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

12306

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Park Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Park Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1½ mile west of Park Hall

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Elizabeth Mitchell Hebb Pembroke

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Charles Pembroke

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 19, 1855

8. AGE:

Years	Months	Days	If less than one day
84	5	23	hrs. — min.

9. Birthplace Drayden, St Marys, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Richard Hebb

13. Birthplace St Marys Co Md

MOTHER

14. Maiden name Lucy Compton Mitchell

15. Birthplace Maryland

16. Informant R H Pembroke

Address Park Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 14, 1939 (month) (day) (year)

Cemetery or crematory Trinity Cemetery

Location St Marys City, Md

18. Funeral director Robinson Funeral Home

Address Leonardtown Md

19. Dec 13 1939 (Date rec'd by registrar) B J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1939, at 8.45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8 1939, to Dec 12 1939, and that I last saw him alive on Dec 11 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to	
Arteria sclerosis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury — Injured at work?

23. SIGNATURE B J Bean MD M. D. or other

Address Great Mills Md Date signed Dec 13/39

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

12307

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1 mile south of Great Mills

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Infant Russell

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1939

8. AGE:

Years	Months	Days	If less than one day
			4 hrs. min.

9. Birthplace Great Mills, St Marys Co, Md

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Johnson W Russell

13. Birthplace Charles, Md

MOTHER

14. Maiden name Mary E Spaulding

15. Birthplace Great Mills, Md

16. Informant Mary S Russell

Address Great Mills, Md

17. Burial Date thereof Dec 23, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Home garden

Location Great Mills, Md

18. Funeral director Johnson Russell

Address Great Mills, Md

19. Dec 23 1939 P J Bean Md

(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1939, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1939, to Dec 23 1939, and that I last saw h-- alive on Dec 23 1939.

Immediate cause of death	DURATION
Immature birth (5 mo.)	
(cause undetermined)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Bean Md

M. D. or other

Address Great Mills Md Date signed Dec 23/39

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-d

12308

Reg. Dist. No. 2-86

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: St Marys

City or town: Rural near Oakley

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: St. Mary's

City or town: Rural near Oakley Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rose Lustin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife: Mary Tyer

6(c) If alive, give age: not living years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE:

Years	Months	Days	If less than one day
80	—	—	hrs. — min.

9. Birthplace: St. Marys Co Md (Town, county and state)

10. Usual occupation: Carpenter Retired

11. Industry or business

FATHER

12. Name: Casseen Lustin

13. Birthplace: St Marys Co

MOTHER

14. Maiden name: Catherine Alexander

15. Birthplace: St Marys Co Md

16. Informant: Kate Jamerson

Address: Oakley St Marys Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 40 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cemetary

Location: near Miles Town St Marys Co

18. Funeral director: Mrs A C Welch

Address: Chaptico Md

19. 1-1-1940 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31st 1939, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Dec 31 1939

Immediate cause of death	DURATION
Acute fibrillation of heart	
Due to	
Due to	
Other conditions: Myocarditis Chronic	2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: F. F. Greenwell Coroner M. D. or other

Address: Leonardtown Date signed: Dec 8 39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

12309

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (82-a)

County St. Mary's Registration Dist. No. 281

Village or City Pearson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Alfred Stone If U. S. Veteran, specify WAR none

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Martha Stone

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Hollywood (State or country) Md.

FATHER

13. NAME George Stone

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Latham

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary M. Stone (Address) Pearson, Md

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cem. Date Dec. 13, 1939

19. UNDERTAKER Wm. C. Mallinghy (Address) Leonardtown Md

20. FILED Dec 12 19 39 [illegible] Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 11 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1939, to Dec 11, 1939.

I last saw him alive on Dec 10, 1939; death is said to have occurred on the date stated above, at 2:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	Dec 8/39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. J. Bean M. D.

(Address) Grant Mills, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12310

1. PLACE OF DEATH (90)

County St. Mary's Registration Dist. No. 2 86

Village or City Colton Point No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 7 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Debora Weaver

(a) Residence: No. Colton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fm

4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Clyde Weaver

6. DATE OF BIRTH (month, day, and year) 11-30-1909

7. AGE Years 36 Months 0 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11-39

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Alfonzo Va.

FATHER

13. NAME Clarence Eugene Barnard

14. BIRTHPLACE (city or town) (State or country) Alfonzo Va.

MOTHER

15. MAIDEN NAME Alice Rice

16. BIRTHPLACE (city or town) (State or country) Calico Va.

17. INFORMANT (Address) Joseph Clyde Weaver Colton Point

18. BURIAL, CREMATION, OR REMOVAL

Place Hambleton Date 12-18, 1939

19. UNDERTAKER (Address) Rose E. Walsh Chapel

20. FILED 12-16, 1939 N. V. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1939, to 12-16, 1939

I last saw her alive on 12-15, 1939; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Active pulmonary congestion	12-13-39
Acute bronchitis	

Other Contributory Causes of importance: Pericarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robert V. Palmer M.D.

(Address) Avenue Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1 (T) (I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

210-f

12311

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's Co.

City or town Leonardtown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Morganza Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Agnes Marie Wood

3. (b) Social Security Number

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or ~~wife~~ Wm W. Wood

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-1898

8. AGE: Years 41 Months 2 Days 15 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Nurse

11. Industry or business

FATHER 12. Name Joseph S. Wood

13. Birthplace Maryland

MOTHER 14. Maiden name Susana Hayden

15. Birthplace Maryland

16. Informant Susana Hayden Wood

Address Laurel Grove, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-20-39 (month) (day) (year)

Cemetery or crematory St. Joseph

Location Morganza Md

18. Funeral director A. B. Robinson

Address Leonardtown Md

19. 12/19 1939 (Date rec'd by registrar) Caucalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18th 1939, at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15th 1939, to Dec 18th 1939, and that I last saw her alive on Dec 18th 1939.

Immediate cause of death Gas bacillus poisoning from wound received in automobile accident

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Dec 15th 39

Where did injury occur? near Morganza St Mary's Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury fell from moving car Injured at work?

23. SIGNATURE F. F. Greenwell M. D. or other

Address Leonardtown Md Date signed Dec 19-39

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